

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
081601005

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	9					
11	9					
12	①					
13	①					
14	①					
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50						
ITAL D.	2	1	1	1	1	1
ITAL P.	46	50	50	50	44	44
ITAL AIMS	48	51	51	51	45	45

TOTAL IND. 100
TOTAL DEP. 100
TOTAL CLAIMS 100

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

O-1380 (3-78)

BEST AVAILABLE COPY

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
101						
102						
103						
104						
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49						
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Total Indep				0		
Total Depend			7			
Total Claims			7			

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						